Issue Classification



| Application/Control No. | Applicant(s)/Patent Under Reexamination |
|-------------------------|---|
| 10575466 | ONO ET AL. |
| Examiner | Art Unit |
| C. Melissa Koslow | 1793 |

| ORIGINAL | | | | | | INTERNATIONAL CLASSIFICATION | | | | | | | | | | |
|---|----------|--------|--------|---------------|------|------------------------------|---|------------------|----------------------|--|--|--|-------------|--|--|--|
| CLASS SUBCLASS | | | | | ; | CLAIMED | | | | | | | NON-CLAIMED | | | |
| 252 301.4R | | | | С | 0 | 9 | К | 11 / 08 (2006.0) | | | | | | | | |
| CROSS REFERENCE(S) CLASS SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | С | 0 | 9 | К | 11 / 64 (2006.01.01) | | | | | | | |
| | | | | SS PER BLOCK) | OCK) | _ | | | | | | | | | | |
| 252 | 301.4F | 301.36 | 301.6F | | | | | | | | | | | | | |
| 313 | 487 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | ļ | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | 1 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| ⊠ | Claims renumbered in the same order as presented by applicant | | | | | | ☐ CPA ☐ T.D. ☐ | | | | | | 47 | | |
|-------|---|-------|----------|-------|----------|-------|----------------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | ļ | | | | ļ | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | ļ | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | I | | | | | |

| NONE | Total Claims Allowed: | | | | |
|---|-----------------------|---------------------|-------------------|--|--|
| (Assistant Examiner) | (Date) | ' | | | |
| /C. Melissa Koslow/ Primary Examiner.Art Unit 1793 | 7/21/10 | O.G. Print Claim(s) | O.G. Print Figure | | |
| (Primary Examiner) | (Date) | 1 | none | | |